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Cities must take a stand against meth

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BY Guy Midkiff

Washington, Mo., recently was thrust, reluctantly, into the national spotlight by a confluence of events. The exploding methamphetamine epidemic constantly places Missouri No. 1 in the nation in clandestine methamphetamine laboratory seizures. Franklin County consistently lands in the top five Missouri counties. Couple this with ineffective laws that continue to allow pseudoephedrine, the vital chemical in methamphetamine production, from entering the meth cycle, and you have a perfect storm for meth production and trafficking.

No longer content to just sit back and watch, Washington City Council members enacted a proactive and landmark ordinance on July 6 that requires a prescription for the purchase of medications containing pseudoephedrine within the city of Washington.

Feeling betrayed by some members of the Missouri Legislature, Washington is sending a clear message to the state that cities and towns in Missouri are fed up with the lack of leadership in the meth war. We are willing to go it alone if we must.

We also know that the pharmaceutical giants and their deep-pocketed lobbyists relentlessly ply the marble floors of Congress and wield substantial influence on politicians, who require vast sums of money to sustain their political machines.

The pharmacy "log and identify" systems enacted in Missouri are ineffective and never have been fully implemented because of a lack of funding. Additionally, these anti-meth systems are not electronically networked and lack advanced identification features such as "stop sales" signaling. Even if the money were appropriated, the system still would be dead on arrival. State-of-the-art electronic "meth check" programs in Kentucky have proven marginally beneficial. Clandestine meth labs seizures there are increasing.

Electronic meth logs don't work because a meth addict or chemist can fool the system with fake IDs and a process called smurfing, with groups of people buying small amounts of pseudoephedrine in several stores to acquire the amount required to make methamphetamine. And while the ID system did have some good results, early on, its effectiveness has dwindled.

For those of us who are uncomfortable with allowing the government to own another database that has records of our private purchasing records and identification, electronic ID hits a civil liberty raw nerve. As we speak, the American Civil Liberties Union has jumped into the fray, asking Washington, Mo., to roll back its ordinance requiring a prescription for the purchase of pseudoephedrine. That would strengthen the case for the log-and-ID system. The ACLU's actions, if successful, only would strengthen the case for people who can't wait to implement an invasive national identification database. The irony of this is not lost on many of us who care about such things.

Perhaps the ACLU has forgotten its mission (as stated on its website): "The ACLU is our nation's guardian of liberty, working daily in courts, legislatures and communities to defend and preserve the individual rights and liberties that the Constitution and laws of the United States guarantee everyone in this country."

Prescription purchases of pseudoephedrine products stop mom-and-pop meth labs. This is not a theory, but a fact. The state of Oregon saw its clandestine meth labs dry up from 473 in 2003 to just 21 in 2008. Those remaining 21 labs were the remnants of old sites and cross-border smurfers. Oregon also proved that the concerns regarding the accessibility of pseudoephedrine for legitimate users was unfounded and misplaced. Few disruptions were reported. Emergency room visits for pseudoephedrine showed no measurable increase. Even Medicare expenditures saw a rise of a statistical insignificance. Oregon's prescription law works and has a minimal impact on legitimate pseudoephedrine users.

So why is Missouri lagging and not leading in the meth war? If our state lawmakers will not do what we elected them to do, then Missouri communities must take the lead and protect our citizens.

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